

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL035-036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/21/2018
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NAME OF PROVIDER OR SUPPLIER FRANKLIN COUNTY GROUP HOME #2	STREET ADDRESS, CITY, STATE, ZIP CODE 29 STRANGE ROAD LOUISBURG, NC 27549
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed 11/21/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p>	V 118	<p><i>PLEASE SEE ATTACHED</i></p> <p>DHSR - Mental Health</p> <p>JUL 15 2019</p> <p>Lic. & Cert. Section</p>	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM 

QP / EXECUTIVE DIRECTOR

7/11/2019

6899

OMXC11

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the staff failed to assure medications were administered on the written order of a physician for 2 of 3 audited clients (#1, #3). The findings are:</p> <p>Review on 11/16/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - an admission date of 11/4/87 - an FL2 dated 2/26/18 with diagnoses including Moderate Intellectual Developmental Disability, Psychotic Disorder with delusion, Anxiety Disorder and Seizure Disorder - a physician's order dated 2/26/18 for one Aripiprazole 20 mg, three Dival Proex Sodium 500 mg to be administered at hour of sleep - the October 2018 MAR had no documentation to reflect the above medications were administered on 10/10/18, 10/11/18, 10/16/18, 10/17/18 or 10/24/18 - a physician's order dated 3/14/17 with instructions to swipe Vagus Nerve Stimulator (VNS) magnet twice daily (used for seizure disorder client is also on medication for) - the October 2018 MAR had no documentation to reflect the client's VNS magnet was swiped at 8:00 PM on 10/10/18, 10/11/18, 10/16/18, 10/17/18 or 10/24/18 <p>Review on 11/16/18 of client #3's record revealed:</p>	V 118		
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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - an admission date of 6/1/18 - an FL2 dated 6/1/18 with diagnoses including Mental Retardation, Seizure Disorder and Liver Function Abnormality - physician's order dated 3/30/17 for one Levetiracetam 500 mg to be administered twice daily and for two Haloperidol 0.5 mg tablets to be administered three times daily - the September 2018 MAR had no documentation to reflect Levetiracetam was administered the morning of 9/3/18 or the evening of 9/26/18; no documentation to reflect Haloperidol was administered morning of 9/3/18; no code documented to indicate the 2:00 PM dose was administered off site - the October 2018 MAR had no documentation to reflect Haloperidol was administered at 8: PM on 10/10/18 or 10/11/18; no code documented to indicate the 2:00 PM dose was administered off site - a physician's order dated 9/12/18 for Vitamin D2 1.25 mg be administered once per week - the October 2018 MAR had no documentation to reflect Vitamin D was administered 10/7/18 or 10/14/18 <p>During an interview on 11/16/18, the Manager reported she could check the schedule and find out who was responsible for administering medications those days.</p> <p>[This deficiency constitutes a recited rule violation and must be corrected within 30 days.]</p>	V 118		
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V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(e) Medication Storage:</p> <p>(1) All medication shall be stored:</p> <p>(A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit;</p> <p>(B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container;</p> <p>(C) separately for each client;</p> <p>(D) separately for external and internal use;</p> <p>(E) in a secure manner if approved by a physician for a client to self-medicate.</p> <p>(2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the Manager failed to assure medication was stored in a secure manner. The findings are:</p> <p>Observation on 11/16/18 at approximately 11:50 AM of the kitchen revealed a Lantus Solostar insulin pen was unsecured in the refrigerator.</p> <p>The Manager reported she had seen the pen but did not know who it belonged to because none of the clients were diabetic or used insulin.</p>	V 120		
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D. D. Residential Services, Inc.
Administrative Office
Post Office Box 88
Henderson, North Carolina 27536
(252) 438-6700 Fax (252)438-6720

July 11, 2019

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Dear Sir/Madam,

Please find enclosed the plan of correction for the 2 standard level deficiencies cited at the Louisburg Group Home, Located at 29 Strange Road, Louisburg, NC 27549. This is in conjunction with MHL #: 035-036. **Please note that although the surveyor exited with the agency on 11/21/2018, this statement of deficiencies report was “inadvertently not sent” per the cover letter stated July 5, 2019. Although we were apprised of two possible citations at that time, we were not given details regarding the medication errors, V118.** This is the second survey, from the same surveyor that we did not receive in a timely fashion or within the window that a plan of correction was required.

You shall find upon return that the deficiencies cited have been addressed globally and the correction has been made prior to the correction date of December 21, 2018. Should you have any questions or concerns, please do not hesitate to contact me at the number provided. We thank you for your feedback, and welcome your return.

Sincerely,



Jacinta Johnson
Executive Director

Franklin County Group Home
Vance Adult Group Home
Warren County Group Home

Graham Ave Group Home
Louisburg Group Home
Oxford Group Home
Roanoke Avenue Group Home



Plan of Correction

Date of Correction: December 21, 2018

Date Citations were received from DHHS: July 5, 2019

Deficiency Cited: V118: 10A NCAC 27G.0209 Medication Requirements. This rule was not met as evidenced by; Based on observation, record review and interview, the governing body failed to assure medications were administered on the signed, written order of a person authorized to prescribe medication for two of three audited clients.

Provider's Plan of Correction: D. D. Residential Services Inc. will assure that all medications are administered based on the physician's orders. Systematic changes will be implemented whereby the Residential Manager will transcribe the physician's orders onto the MAR upon receipt of a physician's order or new admission. Any medication accompanying a new admission will have physician's orders either directly from the physician or will be immediately procured from the pharmacy by the Residential Manager. The RN will check the MARs on a routine basis (no less than quarterly) to assure that medications are being implemented as prescribed, and sign off on the bottom of the MAR for the resident reviewed. The Qualified Professional will check the MAR monthly, initial for the review, and the Quality Improvement Team will review the physicians' orders quarterly to assure compliance. The Executive Director will monitor the Quality Assurance System for effectiveness through monthly Supervision of the Residential Manager and reviews of Quality Improvement Team Minutes. Staff members committing a medication error will receive corrective action and be mandated to re-train with medication administration class, taught by the RN. *In this specific case, the staff member responsible for the errors and the Residential Manager as of October 2018 are no longer with the agency therefore the corrective actions are not able to be presented at this time. The protocol for corrective actions is in place in the event of future occurrences.*

Responsible Parties: Residential Manager, Qualified Professional, RN, Executive Director, and Quality Improvement Team

Correction Date: 12/21/2018

Deficiency Cited: V120: 10A NCAC 27G .0209 Medication Requirements. This rule is not met as evidenced by; based on observation and interview, the Manager failed to assure medication was stored in a secure manner.

Provider's Plan of Correction: D. D. Residential Services Inc. will assure that all medications are secured based on regulations. The Residential Manager will conduct regular walk through of the homes and review of the Medication Closets and refrigerator with medications to assure that the medications are secured. Staff who may need medications at work, will be required to lock any medications in their vehicles or if necessary for it to be refrigerated; in a lockable container in the refrigerator. The Executive Director will monitor the Residential Manager at monthly supervision meetings / walk through of the homes to assure that medications are secured. Staff who are found to be in violation of not securing the medications will receive corrective action. Additionally, the RN will check the security of the medication during medication reviews, no less than quarterly. *In this specific case, the Residential Manager responsible for securing the medications is no longer employed with the agency and is not available for corrective action.*

Responsible Parties: Residential Manager, RN, Executive Director

Provider Signature:  QP/EXECUTIVE DIRECTOR
7/11/19



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

July 5, 2019

Jacinta Johnson; Executive Director
D.D. Residential Services, Inc.
PO Box 88
Henderson, NC 27536

Re: Annual and Follow-up Survey completed November 21, 2018
Franklin County Group Home #2, 29 Strange Road, Louisburg, NC 27549
MHL # 035-036
E-mail Address: jjohnson_ddrs@embarqmail.com

DHSR - Mental Health
JUL 15 2019
Lic. & Cert. Section

Dear Ms. Johnson:

In response to a review of our records, it was found that this letter and statement of deficiencies report was inadvertently not sent to you. During the exit conference on November 21, 2018, you were apprised of the deficiencies cited and the time frames to correct. Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed November 21, 2018.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiencies.
All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must have been corrected within 30 days from the exit of the survey, which was December 21, 2018.
Standard level deficiency must have been corrected within 60 days from the exit of the survey, which was January 20, 2019.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
Indicate what measures will be put in place to prevent the problem from occurring again.
Indicate who will monitor the situation to ensure it will not occur again.
Indicate how often the monitoring will take place.
Sign and date the bottom of the first page of the State Form.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

July 5, 2019
Jacinta Johnson
D.D. Residential Services, Inc.

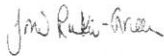
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.
Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Renee Kowalski-Ames at (919) 552-6847.

Sincerely,



Toni Rankin-Green
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant